

## **Arkansas Public Employees Retirement System (APERS) Membership Data Form (MDF)**

Please note there are two (2) parts to this form. The employee will complete the information requested in Part 1. Part 2 is for employer use only.

For questions regarding eligibility, please contact the HR Manager.

This form is to be used by new employees (or employees returning from a leave of absence) for enrollment in the Arkansas State Employees Retirement System (APERS).

- Enter demographic information requested.
- Check the box "state" to indicate your employer.
- Answer the questions on 4 and 5. If you answer "yes" to these questions, you must provide specific date and agency information.
- Sign and date the form on the lines provided.
- Attach a copy of your social security card to the MDF form.
- Return the form to the HR Manager to be processed.

To discuss benefits under the APERS retirement plan, please contact the HR Manager.

PLEASE NOTE: Incomplete, illegible or otherwise unclear forms will be returned to you for correction and could possibly cause a delay in processing your request.

**ARKANSAS PUBLIC EMPLOYEES RETIREMENT SYSTEM (APERS)  
MEMBERSHIP DATA FORM (MDF)**

**Part 1 – To Be Completed By Employee**

(If you are a retired member of APERS receiving a monthly annuity benefit, you are not eligible to participate in APERS.)

Please list below the exact name and Social Security Number under which your individual account will be kept by the System. All future transactions with APERS should be made under this name except in case of legal change of name. Use your full legal name. **Do not use nicknames.** If your legal name changes, complete a Change of Name Form and forward it to us.

<b>Last Name</b>	<b>First Name</b>	<b>Middle Initial</b>	<b>Social Security No.</b>
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Employed By: ☐ State    ☐ County    ☐ Municipal    ☐ Non-State

1. Date of Birth: \_\_\_\_\_ Sex ☐ Male    ☐ Female  
                                    Month                  Day                  Year

2. Home Address: \_\_\_\_\_  
                                    Street Number or Route Number                  City                  County                  State                  Zip Code

3. If married, give full name of spouse: \_\_\_\_\_ Spouse's Date of Birth: \_\_\_\_\_

4. Other than Social Security, are you retired or have you ever been or will be a member of any other State of Arkansas authorized retirement system other than APERS? If so, list specific dates.

Arkansas Teacher Retirement System	<input type="checkbox"/> Yes <input type="checkbox"/> No	Dates _____
Arkansas Highway Retirement System	<input type="checkbox"/> Yes <input type="checkbox"/> No	Dates _____
LOPFI	<input type="checkbox"/> Yes <input type="checkbox"/> No	Dates _____
Arkansas State Police Retirement System	<input type="checkbox"/> Yes <input type="checkbox"/> No	Dates _____
Arkansas Judicial Retirement System	<input type="checkbox"/> Yes <input type="checkbox"/> No	Dates _____
Arkansas District Judges Retirement System	<input type="checkbox"/> Yes <input type="checkbox"/> No	Dates _____
Alternate Retirement plans (i.e. TIAA, Valic)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Dates _____

If Yes, list employer \_\_\_\_\_

5. Have you ever been a member of APERS? ☐ Yes    ☐ No    Dates \_\_\_\_\_ Agency \_\_\_\_\_  
If YES, give the date(s) and agency('s) worked for.  
                                    Dates \_\_\_\_\_ Agency \_\_\_\_\_  
                                    Dates \_\_\_\_\_ Agency \_\_\_\_\_

Signature of Member: \_\_\_\_\_ Date: \_\_\_\_\_

**Part 2 – To Be Completed By Agency Representative**

1. Name of Agency: \_\_\_\_\_

2. Dept. Number (As shown on earnings report transmitted to this office:) \_\_\_\_\_

3. Address of Agency: \_\_\_\_\_  
                                    Street Number or Route Number                  City                  County                  State                  Zip Code

4. Date of Above Employee's First Day of Work: \_\_\_\_\_ ☐ Contributory.    ☐ Non-Contributory  
(If the employee was employed on 6/30/05 in a position covered by APERS and terminated and returned to covered employment within 6 months of said termination, they are eligible to return as a non-contributory member).

5. Job Title: \_\_\_\_\_

Signature and Title of Agency Rep.: \_\_\_\_\_ Date: \_\_\_\_\_

It is understood that, although designated as employee contributions, the contributions are being paid by the employer in lieu of contributions by the employee, and that the employee must NOT be given the option of choosing to receive the contributed amounts directly instead of having them paid by the employer to APERS.

NOTE: We cannot enroll the above employee unless all the information is answered completely and a copy of their social security card (for identification purposes) is enclosed along with a Designation of Beneficiary Form.

REV. 5/2005